1291150

FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB Number:	3235-0076				
Expires:	May 31, 2005				
Estimated avera	ge burden				
hours per respor	nse 16.00				

SEC USE ONLY							
Prefix	Serial						
DATE RECEIVED							
	3,						

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	· West
Dakota's Roadhouse of Jackson, LLC membership u	
Filing Under (Check box(es) that apply): X Rule 504 X Rule 505 Rule 506 Section 4(6)	☐ ULOE
Type of Filing: New Filing Amendment	1. 1. 1. 1 1 1 200 5
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Dakota's Röadhouse of Jackson, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) 240 N. Plaza Blvd., Chillicothe, OH 45601 (740) 773-3903 Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business Restaurant Type of Business Organization limited partnership, already formed husiness trust limited partnership to be formed limited partnership to b	1 / 2004
A. BASIC IDENTIFICATION DATA	<u> </u>
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Dakota's Rõadhouse of Jackson, LLC	· · · · · · · · · · · · · · · · · · ·
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
240 N. Plaza Blvd., Chillicothe, OH 45601	(740) 773-3903
	Telephone Number (Including Area Code)
(if different from Executive Offices)	DDACECCE
	PROCESSEL
Brief Description of Business	/MAY 0 4 2006
	MAY 21 2004
Restaurant	
Type of Business Organization	THOMSON
corporation limited partnership, already formed	olease specify):
business trust limited partnership, to be formed	ted Liability Company
Month Year	red riability combany
Actual or Estimated Date of Incorporation or Organization: [7] 3 XXActual Estim	nated ·
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	:
CN for Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA	Control Street Street Shows	N. A. Maria and A.
2. Enter the information requested for the following:		
• Each promoter of the issuer, if the issuer has been organized within the past five years;		
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of the control of the contro	of, 10% or more o	f a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate general and man	aging partners of	partnership issuers; and
Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	★★ General and/or Managing Partner
McSteele Management Company, LLC		Managing Faction
Full Name (Last name first, if individual)		
240 N. Pļāza Blvd. Chillicothe, OH 45601		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: X Promoter X Beneficial Owner K Executive Officer	Director	General and/or
Steven B. Houseman		Managing Partner
Full Name (Last name first, if individual)		
714 Allen Avenue Chillicothe, OH 45601		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Desiness of Residence Medicas (Mainter and Street, Only, State, Elp Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director	General and/or
Check Box(es) that Apply.	Director	Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or
		Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer-	☐ Director	General and/or
	-	Managing Partner
Full Name (Last name first, if individual)		
Tan Tane (Bast hame 115), It morrisaary		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
		Trianaging 1 artifer
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or
_		Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		

28876C	76 E83.85	<u>, () 1 to 10 10 10 10 10 10 10 10 10 10 10 10 10 </u>		gensommer til store i filler i filler	green to the second				**************************************	<u></u>	Yes	No
1. Has th	e issuer sol	d, or does the	he issuer i	ntend to se	ll, to non-a	ccredited i	nvestors ir	this offer	ing?			ХX
			Ans	wer also ir	Appendix	, Column 2	, if filing	under ULC	DE.			
2. What i	is the minin	num investn	nent that v	vill be acce	pted from	any individ	lua1?				. \$ <u>1.7</u>	500
											Yes	No
		permit join									_	
commi If a per or state	ission or sin rson to be li: es, list the n	tion request tilar remune sted is an ass ame of the b y, you may s	ration for s sociated pe roker or de	solicitation erson or age ealer. If me	of purchasent of a brokers ore than five	ers in conno cer or deale e (5) persoi	ection with r registered ns to be list	sales of sed with the Sed are asso	curities in t SEC and/or	he offering with a stat	g. e	
Full Name	(Last name	first, if ind	ividual)									
Dusinasa	- Dogidanaa	Addraga (N		d Street C	tri Stata 7	(in Codo)						
Business of	r Residence	Address (N	umber an	a Street, C	ity, State, 2	лр Соае)						
Name of A	ssociated B	roker or De	aler									
States in W	hich Person	n Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
(Check	c "All State	s" or check	individual	States)							. 🗌 Al	l States
AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	\overline{SD}	TN	TX	UT	VT	VA	$\overline{W}A$	\overline{WV}	WI	\overline{WY}	PR
Full Name	(Last name	first, if ind	ividual)			-						
	(II III										
Business o	r Residence	e Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Name of A	senciated D	roker or De	aler									.
vaint 01 AS	ssociated B	TOKEL OF DE	aiCi									
States in W	hich Person	n Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Check	«All State	s" or check	individual	States)		•••••					. 🔲 Al	l States
AL	AK	ΑZ	AR	CA	CO	[CT]	DE	DC	FL	GA	ΗĪ	ΠD
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)					······································				
	,	-110-9 II III (I										
Business o	r Residence	e Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of As	ssociated B	roker or De	aler									
States in W	hich Person	n Listed Has	Solicited	or Intends	to Solicit	Purchasers						
		s" or check									A1	l States
ΓAT	AV	[A7]	[AD]	CA	[CO]	िक्क	DE	[DC]	[2]	GA	шп	(ID
AL IL	AK IN	AZ IA	[AR]	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
MT	NE)	NV	[NH]	NJ	NM)	NY	NC	ND	OH)	OK	OR	PA
DI		[2]	TN	TV	TIT	NT.	TVA	TV A	WW	TVT	WV	DD

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	5	\$
	Partnership Interests Other (Specify LLC membership unitss	1,050,000	\$ 595,000
	Total	1,050,000	0s 595,000
	Answer also in Appendix, Column 3, if filing under ULOE.		<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Accepta
		Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	17	_{\$} 595,000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	17	\$595,000
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504	LC member:	
	Total	<u>units</u>	s 595,000
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	X	\$1,500
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	<u>—</u>	\$
	Total		\$

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		<u>\$1,048,500</u>
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	§1 <u>90,000</u>	<u></u> \$
	Purchase of real estate] \$	
	Purchase, rental or leasing and installation of machinery and equipment] \$	\$
	Construction or leasing of plant buildings and facilities] \$	$x_{[3]}$ $x_{[3]}$ $x_{[3]}$ $x_{[3]}$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		
	Repayment of indebtedness		
	Working capital		
	Other (specify):	_	_
] \$	
	Column Totals] \$	\$
	Total Payments Listed (column totals added)	E \$ 1	<u>,048,</u> 500
	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	sion, upon writte	
Iss	uer (Print or Type) Signature	Pate M.c.	1.6
	Dakota's Roadhouse of Jackson, LLF M. All	-May	10,2004
Na	me of Signer (Print or Type) Title of Signer (Print or Type)	/	
	C.Patrick McAllister Manager of McSteele Mana	gement C	o., LLC
	Manager of issurer		

174 30.13 284 0 1 20	E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes Provisions of such rule?	
	See Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice of D (17 CFR 239.500) at such times as required by state law.	n Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished issuer to offerees.	by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Ulimited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the avail of this exemption has the burden of establishing that these conditions have been satisfied.	
	uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the unde athorized person.	signed
Issuer ((Print or Type) Signature Date	
Dako	ota's Roadhouse of Jackson LIC / White May 10, 20	14
,	(Print or Type) Title (Print of Type) Manager of McSteele Management, LLC	
<u>C. P</u>	Patrick McAllister Manager of issuer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

ppi proje de 1999				AP	PENDIX				7	
1	Intend to non-a investor	2 I to sell ccredited s in State	Type of security and aggregate offering price offered in state		4 Type of investor and amount purchased in State				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)	
	(Part B	-Item 1)	(Part C-Item 1)	37 1 0	(Part C-Item 2)				Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL					_					
AK										
AZ										
AR										
CA										
СО										
СТ										
DE										
DC										
FL										
GA										
ні										
ID										
IL										
IN										
IA										
KS										
KY										
LA										
ME										
MD										
MA										
MI										
MN										
MS										

1		2	3		4					
1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of amount pu (Part		under Sta (if yes, explant waiver	lification ate ULOE		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО										
МТ										
NE										
NV										
NH										
NJ		-								
NM			1,5 4,000.00							
NY										
NC										
ND										
ОН		х	member unit \$1,050,000	s					x	
OK										
OR										
PA										
RI										
SC										
SD										
TN										
TX										
UT										
VT										
VA										

WA

WV

WI

1 2		3 Type of security		4					
	to non-a	Intend to sell and aggregate offering price investors in State (Part B-Item 1) Type of secturity and aggregate offering price offered in state (Part C-Item 1)			under State ULOI (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY	<u> </u>								
PR									